

PUBLIC PROTECTION CABINET  
DEPARTMENT OF INSURANCE  
P. O. BOX 517  
FRANKFORT, KY 40602-0517  
(800) 595-6053 or 502/564-6082  
<http://insurance.ky.gov/>

CHECK REMITTANCE FORM

**CAPTIVE DOMESTIC INSURERS**

Please Check Company Type

Captive: \_\_\_\_\_ Captive Risk Retention Group: \_\_\_\_\_

**ONE CHECK REMITTANCE FORM MUST BE COMPLETED IN FULL FOR EACH COMPANY  
IN ORDER TO BE ACCURATELY CREDITED FOR PAYMENT.  
DO NOT COMPLETE ONE FOR MULTIPLE COMPANIES OR BY GROUPS**

DUE - MARCH 1

COMPANY NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

IRS NUMBER \_\_\_\_\_ NAIC NUMBER \_\_\_\_\_

GROUP NUMBER \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ CHECK DATE \_\_\_\_\_

**CAPTIVE:**

**CAPTIVE RISK RETENTION GROUPS:**  
**Are also required to pay quarterly filing fees**

Annual Statement Filing Fee - \$100.00  
Certificate of Authority Renewal - \$100.00  
Audited Financial Statement - \$100.00

1<sup>st</sup> Quarter Filing - \$100.00  
2<sup>nd</sup> Quarter Filing - \$100.00  
3<sup>rd</sup> Quarter Filing - \$100.00

**TOTAL DUE: \$300.00**

**TOTAL DUE: \$600.00**

Checks must be made payable to the Kentucky State Treasurer and mailed to the attention of Regina Goodrich, Financial Standards and Examination Division, Kentucky Department of Insurance, P.O. Box 517, Frankfort, KY 40602-0517. Overnight mail may be sent to 215 West Main Street, Frankfort, KY 40601.